PERTUSSIS OUTBREAK

Table: Guidance for performing NP swabs for diagnostic PCR.

Coughing ≤ 3 weeks	Perform N/P Swab
Coughing > 3 weeks	No N/P Swab

Table: Guidance for performing N/P swabs and administration of antibiotics for individuals who are considered to be contacts

Coughing	Contact to a laboratory confirmed case	Connected to an epi-linked case	Perform N/P Swab	Give Antibiotic Treatment/Prophylaxis
YES	**YES**	N/A	NO	**YES**
YES	NO	**YES**	**YES**	**YES**
NO	**YES**	N/A	NO	**YES**
NO	NO	**YES**	NO	**YES**

PERTUSSUS TREATMENT and CHEMOPROPHYLAXIS RECOMMENDATIONS:

Providers should consider safety, current medications and potential interactions, adherence to the prescribed regimen, and cost when choosing a macrolide or alternative agent for any patient

Antibiotic	Infant Dosage*	Children Dosage**	Adults Dosage***	Duration (days)
Erythromycin (E-mycin®, Eryc®, EryTab®)	40-50 mg/kg/day PO, in 4 divided doses (Max 2g/day)	40-50 mg/kg/day PO, in 4 divided doses (Max 2g/day)	250-500 PO, QID (Max 2g/day)	14
Azithromycin** (Zithromax®)	For infants under 6 months of age, 10mg/kg/day PO, for 5 doses (Max 250mg/day)+ > 6 months, same as dose for children	10 mg/kg/day PO, in 1 dose then 5 mg/kg for 4 doses (Max 500 on day 1, then Max 250mg/day)+	500mg PO in 1 dose (Max 500 mg/day)	5
Trimethoprim-Sulfamethoxazole (Bactrim™, Septra®)	Should not be given to infants < 2 months, > 2 months, same as dose for children	8 mg TMP/40 mg SMX/kg/day PO in 2 divided doses	1 double strength BID	14
Clarithromycin (Biaxin®)	Should not be given to infants < 1 month of age, > 1 month, same as dose for children	10-12 mg/kg/day PO in 2 divided doses (Max 1g/day)	500mg PO BID	7

SMX = Sulfamethoxazole, should not be given to pregnant women near term, nursing mothers or infants <2 months of age

TMP = trimethoprim, should not be given to pregnant women near term, nursing mothers or infants <2 months of age

*All children < 1 month of age who receives a macrolide should be monitored for development of Idiopathic Hypertrophic Pyloric Stenosis (IHPS).

**Based on: American Academy of pediatrics. Pertussis. In: Pickering LK, ed. Red Book; 2003 Report of Committee on Infectious Disease. 26th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2003 474-475

***Per Package insert and conversation with CDC, for Azithromycin, **Z-pak** is an alternative.

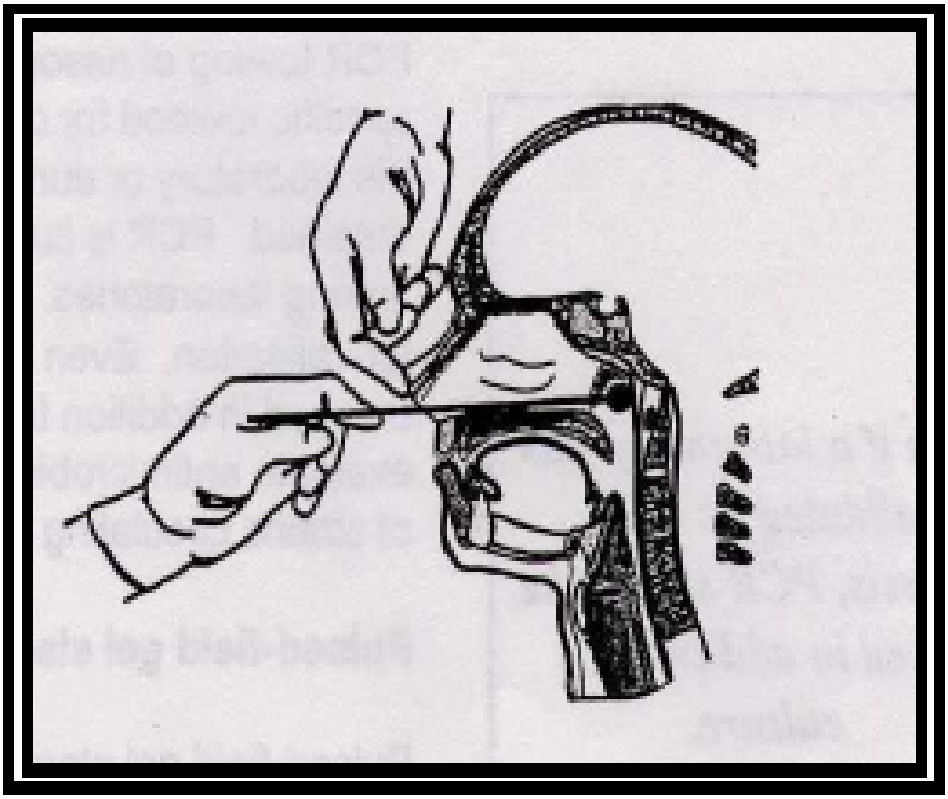
+Per conversation with CDC, this treatment regimen using Azithromycin for infants and children should be considered. Langley, JM, et al. Azithromycin Is as Effective as and Better Tolerated Than Erythromycin Estolate for the Treatment of Pertussis. PEDIATRICS, (114 No 1), July 2004; e96-e101.

Accelerated Vaccination Schedule
To administer DTaP on an accelerated schedule, give the 1st, 2nd and 3rd doses at 6, 10 and 14 weeks of age with a minimum interval of 4 weeks between doses **(This schedule may interfere with schedules with other vaccines. Please track other vaccines to make certain that they are given on schedule)**
Administer the 4th and 5th DTaP doses to children aged <7 years at minimum intervals:

- ☐ Give the 4th dose immediately if the child has been exposed to pertussis and at least 6 months have elapsed since the 3rd dose, the child is ≥ 12 months of age, and
- ☐ Give the 5th dose if the child is at least four years of age and the child has received at least 4 doses of DTaP.

Isolation
Symptomatic patients should refrain from public activities and the workplace for the first 5 days of a full course of antimicrobial treatment. Symptomatic persons who do not take antimicrobial treatment should refrain from public activities and the workplace for 21 days from onset of cough. Individuals who are not coughing or ill should attempt to restrict exposure to coughing and ill people.

Collection of Specimen Nasopharyngeal Swab



NASOPHARYNGEAL SWAB

Ask the patient to cough before the test begins and then tilt their head back. Gently pass a sterile *Dacron or other polyester swab, with a non-wooden shaft (plastic or wire) in through the nostril and into the nasopharynx (the part of the pharynx that is over the roof of the mouth). The swab is quickly rotated and then removed.

* Cotton or calcium alginate swabs are inhibitory to PCR